MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

serial no. 10/598628 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL		1000	1, 8	k: 1/4.3	Ti.	Tallets.
CLAIMS			_/\v }			

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT	
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TOTAL IND.		+		+		1
TOTAL DEP.		←		← I		(-
TOTAL CLAIMS						7.4.4.
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PTO - 1360 (REV. 11/04)

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